

APPENDIX A
COMPLAINT FORMAT

IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ALABAMA
MOBILE DIVISION

FILED JUL 11 11:12 AM 4 24 USDC MS

(Name of Plaintiff)

Plaintiff

JAMES E. ROBINSON
vs.

Civil Action No. 12-448-KD-C

(Name of Defendant(s))

Defendant

U S DEPARTMENT OF EDUCATION:
GC services - B. GENTRY

COMPLAINT

(Double space text of complaint)

(Grounds for jurisdiction)

- U S DEPARTMENT OF EDUCATION:
The student loan Principal Amount
1. stated by the DEPARTMENT OF EDUCATION
EXCEED THE AMOUNT STATED BY THE
LENDER ON APPLICATION AND PROMISSORY
NOTE DATED 26 AUG 87. ALSO THERE WAS LOANS
2. THAT I HAD NO KNOWLEDGE.

(Show plaintiff's name(s) and residence or address)

- JAMES E. ROBINSON
1206 LOWER ST
3. BAYMINETTE, AL 36507-2758

(Show defendant(s) name(s) and address(es))

U S DEPARTMENT OF EDUCATION
PO BOX 105028
ATLANTA, GA 30348-5028

B. GENTRY
GC services
PO BOX 27346
KNOXVILLE, TN 37927

APPENDIX A (Cont'd)
COMPLAINT FORMAT

I HAVE BEEN IN CORRESPONDENCE WITH THE US DEPT OF ED,
FOR OVER TWENTY YEARS, ASKING WHY IS MY STUDENT LOAN PRINCIPAL
LOAN DIFFERENT FROM THE ONE STATED BY THE LENDERS ALSO THERE
NO CREDIT FOR MONEY PAID NINETEEN YEARS AGO. STATUE 152
(State briefly your legal claim or your reason for filing suit. Include the statute under which the
suit is filed.)

5.

(Give a brief, concise statement of the specific facts involved in your case)

ON THE APPLICATION AND PROMISSORY NOTE THERE IS NO
STATED LOAN AMOUNT. LOAN DATED 9/29/87 STATE THERE WAS A LOAN
FOR 1053. STATEMENT DATED 9/28/87 STATES THERE WERE THREE LOANS
(State the relief you are requesting.) 01/01/88, 01/04/88, AND 3/02/88 I WITHDREW FROM SCHOOL
BEFORE CHRISTMAS 87. ITEMS ENCLOSED

I AM ASKING THE COURTS TO RELIEVE MY SOCIAL SECURITY
OF THIS GARNISHMENT UNTIL A DECISION IS MADE SETTLING THIS
DISPUTE, GIVE CREDIT FOR MONEY PAID. AND RECOUP THE INTEREST ON
THE LOAN IF THERE IS ANY.

James E. Robinson - 07-10-12
(Signature and date), pro se

1206 LOWER ST. BAYMONETTE AL
(Address)

251-977 3394
(Phone Number)

James E. Robinson
10 July 12

1 of 2

APPENDIX A

#5

Item: A

COPY OF REGISTRATION FORM STATING SPRING QUARTER AND DATE OF ENTRY.

Item: B

TRANSCRIPT SHOWING when I WITHDREW FROM THE SCHOOL.

Item: C

APPLICATION AND PROMISSORY SHOWING THE AMOUNT I RECEIVED \$1572, ON PROMISSORY NOTE DATED APRIL 87. THE CHECKS COPIES ARE ATTACH.

Item: D

SECOND APPLICATION AND PROMISSORY NOTE. I WAS NOT OF ANY LOAN AMOUNT ON THIS LOAN UNTIL 1990. THE BANK SENT A STATEMENT, STATING I WAS GIVEN A LOAN IN THE AMOUNT OF \$1053.

CHECKING WITH THE SCHOOL I WAS INFORMED THEY HAD RETURN IN THE AMOUNT \$524.00. STATEMENT ENCLOSED WITH COPY OF CHECK THE SCHOOL KEPT

Item: E

COPY OF MONEY BANK STATEO WAS ISSUED TO THE SCHOOL, DATED 01/01/88, 01/04/88 AND 03/02/88 I WAS NOT IN THE SCHOOL AT THIS TIME.

James E. Robinson
10 July 12

APPENDIX A

Item: F

COPY OF MONEY PAID TO THE IRS IN 1993
I HAVE YET TO RECEIVE CREDIT FOR THIS
AMOUNT

Item: G

COPY SHOWING THE DEPARTMENT OF EDUCATION
SHOWING THE \$524.⁰⁰ RETURN. THIS SHOULD HAVE NOT
BEEN \$1572. I HAVE NO PROMISSORY NOTE STATING
I BORROWED \$1572.⁰⁰ ON MY APPLICATION DATED APRIL 87.
I AGREE WITH THE SCHOOL ON AMOUNT THEY KEPT
BECAUSE THEY STATED I WAS THERE TWO WEEKS IN
DECEMBER. SO THEY KEPT THE CHECK FOR THIS QUARTER.

Item: H

IN 1996 USA GROUP SHOWS DISBURSEMENT OF
FOUR CHECKS. THERE ARE STILL SAYING I OWE
MORE BUT KNOW ONE CAN SHOW ME WHY

Item: G

DEPARTMENT OF EDUCATION STATING I
GRADUATED 8/31/88.

I WITHDREW FROM THE SCHOOL DEC 87
WINTER QUARTER

Item: H.

SHOWING AMOUNT PAID TO LENDER NO CREDIT
ITEM G: SHOW AMOUNT OF PRINCIPAL LOAN ASKING.

APPENDIX B
CERTIFICATE OF SERVICE FORMAT

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Civil
(Name of pleading)
US DEPT OF EDUCATION PO BOX 5028 ATLANTA, GA 30348 5028
was mailed/delivered to GC SERVICES at PO BOX 27346 KNOXVILLE, TN 37927
(Name of defendant(s) or (Address)
defendant's attorney)
on July 10, 20 12.

James E. Rehnert
(Signature and date), pro se
1206 Lower ST
Bayminette, AL 36507-2758
(Address)
251-937-3394
(Phone Number)

CARVER STATE TECHNICAL COLLEGE

414 Stanton Street
Mobile, Alabama 36617
Telephone: 478-1296 or 473-8692

ENROLLMENT STATUS

New ☒
Continuing _____
Re-enrolling _____
Date Terminated _____
Change of Status _____
(See Remarks) _____
Transferring _____
(Official Transcript Required) _____
Other _____
(Specify) _____

ENROLLMENT PERIOD

19 87
Fall _____
Winter _____
Spring ☒
Summer _____
Quarter Beginning/Ending
Date 3/1/87 to 5/24/87

STUDENT REGISTRATION AND ADMIT FORM

Name JAMES E. ROBINSON Course BRICK MASONRY Student Number 42444-5030
(Street No. and Name) City State Zip Phone 479-3388
(Sac. Sec. No.)

ATTENDANCE SCHEDULE

Day _____ Night ☒
Full _____ Half ☒
Half _____ Term _____
3/4 _____ 2/3 _____
Other _____ (See Remarks) _____
(Specify) _____

ADMISSION CREDENTIALS

(☒) Complete () Incomplete
Comments _____

ENROLLMENT FORMS

() Completed

Comments _____

TRANSPORTATION

(☒) Private Auto
() Walk
() City Bus
Other _____
(Specify) _____

FINANCIAL OBLIGATIONS

Tuition \$ 110.05
Application Fee 10.00
Student Insurance 3.88
Student ID Card _____
Late Fee _____
Locker Fee _____
Parking Fee _____
Other 10/24.05
Total \$ 134.05
Rec'd by MD
Date 3/16/87
Comments _____

CLASS SCHEDULE

Course No.	Hours
<u>BHC 300</u>	<u>3</u>
<u>BHC 301</u>	<u>12</u>
_____	_____
_____	_____
_____	_____

FINANCIAL ASSISTANCE

Pell Grant 1986-87
(Year)
Index 0 Award \$ 206.25
Rehab. _____
(Counselor)
Veteran (Reg.) _____
Disabled Vet. _____
Ver. Dependent _____
JPTA _____
Scholarship _____
Other _____
(Specify) _____

METHOD OF PAYMENT

Pell Grant
Verified By CDM

REMARKS**ENTRANCE REQUIREMENTS****BOOKS AND SUPPLIES**

() Requirements Met () Not Met
Comments _____
() To be supplied by _____

TOOLS

() Requirements Met () Not Met
Comments _____
() To be supplied by _____

APPROVED/VERIFIED BY _____

DATE _____

CLASS ADMIT

This form must be signed by all appropriate personnel and stamped each quarter before acceptance in the class. No student may be permitted in any class without an official CLASS ADMIT.

DISTRIBUTION:

1. White Copy - Instructor
2. Green Copy - SPA Files
3. Canary Copy - Business Affairs
4. Pink Copy - Dean Of Instr.
5. Goldenrod Copy - Student

Admitted
3/9/87
CDM

BISHOP STATE COMMUNITY CO
351 N BROAD STREET
MOBILE AL 36603

DR. NEWBERRY

Rm. 106

<><> U N O F F I C I A L T R A N S C R I P T <><> AS OF DATE: 02/10/2005

NAME: JAMES E ROBINSON
ADM DATE: 02/17/1987

MAIL ADDR: 520 HELVESTON STREET
MOBILE AL
36617 (251)479-3388

BIRTH DATE: 07/05/1938
HIGH SCHOOL:
HS LOCATION:

BIRTHPLACE:
SEX: MALE
STU NUM: 424445030

PROGRAM: FIRST TERM: SP1987 LAST TERM: SP1988.
OPTION:
CLASS: ADVISOR: XX STAFF

<<<<CUMULATIVE>>>>

<<< TRANSFER >>>>			<< DEV HR >>		SCH	<< CREDIT HOUR >>		
ATTEM	ERN'D	Q.P.	SCHED	ERN'D	HRS	ATTEM	ERN'D	Q.P. QPA
					41.000	34.000	34.000	92.000 2.706

PRO OPT TO CC DV T
SP1987 CA COURSE HI M GR ATTM ERND Q.P.
SAFETY/ORIEN/INTRO BMC300 A0 C 3.000 3.000 6.000
FUND PRACTICUM I BMC301 A0 B 4.000 4.000 12.000
TRM QPA: 2.571 TRM: 7.000 7.000 18.000
CUM QPA: 2.571 CUM: 7.000 7.000 18.000

PRO OPT TO CC DV T
SP1987 CA COURSE HI M GR ATTM ERND Q.P.
FUND PRACTICUM II BMC320 A1 B 4.000 4.000 12.000
RELATED MATH I RMA301 A3 A 3.000 3.000 12.000
TRM QPA: 3.429 TRM: 7.000 7.000 24.000
CUM QPA: 3.000 CUM: 14.000 14.000 42.000

PRO OPT TO CC DV T
FA1987 CA COURSE HI M GR ATTM ERND Q.P.
THEORY APPLICATION I BMC330 A1 B 3.000 3.000 9.000
BRICKLAYING PRACT I BMC331 A1 B 4.000 4.000 12.000
COMMUNICATION SKILLS RCS301 A1 B 3.000 3.000 9.000
TRM QPA: 3.000 TRM: 10.000 10.000 30.000
CUM QPA: 3.000 CUM: 24.000 24.000 72.000

PRO OPT TO CC DV T
WT1988 CA COURSE HI M GR ATTM ERND Q.P.
THEORY APPL. II BMC340 A1 C 3.000 3.000 6.000

=====

WT1988	PRO OPT TO CC DV	CA	COURSE	HI	M	GR	ATTM	ERND	Q.P.
BRICKLAYING PRACT II			BMC341	A1		C	4.000	4.000	8.000
RELATED MATH I			RMA301	A3		C	3.000	3.000	6.000
	TRM QPA:		2.000	TRM:			10.000	10.000	20.000
	CUM QPA:		2.706	CUM:			34.000	34.000	92.000

SP1988	PRO OPT TO CC DV	CA	COURSE	HI	M	GR	ATTM	ERND	Q.P.
THEORY APPLICATION I			BMC400	A		W <	3.000>		
BLOCKLAYING PRACT I			BMC401	A		W <	4.000>		
	TRM QPA:			TRM:					
	CUM QPA:		2.706	CUM:			34.000	34.000	92.000

...END OF STUDENT TRANSCRIPT...

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which include fines or imprisonment under the United States Criminal Code and 28 USC 1097.

SH-N-000000-01 D

SECTION 1 - TO BE COMPLETED BY THE STUDENT - READ INSTRUCTIONS

1. Social Security Number 424 -44-5030		2. Last Name (Please Print) ROBINSON		First (No Nicknames) JAMES		M.I. E.
3. Birthdate Mo. Day Yr. 07/05/38		4. Permanent Home Address City 520 HELVESTON ST State Code AL Zip 36617				
5. Area Code/Phone No. for Item 4 (205) 479-3388		7. Your Dependents Number 4 Ages 10, 12, 16 AND 18		8. Permanent Resident of State Code AL Since Mo. Yr. 07/38		9. Intended Enrollment Status 1 <input type="checkbox"/> Full-time 2 <input checked="" type="checkbox"/> Half-time 3 <input type="checkbox"/> Less than half-time
6. U.S. Citizenship Status 1 <input checked="" type="checkbox"/> Citizen or National 2 <input type="checkbox"/> Eligible Non-citizen Alien I.D. #		11. While in School, You Intend to Live (Check One) 1 <input type="checkbox"/> With Parents 2 <input type="checkbox"/> On Campus 3 <input checked="" type="checkbox"/> Off Campus		12. Prior to the academic year for which this loan is requested, have you ever been enrolled in any school beyond the high school level? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13. Requested Loan Amount \$2500.00
10. Major Course of Study Code 017		14. Loan Period From Mo. Yr. 03/87 To Mo. Yr. 10/90		15. Have you ever defaulted on an education loan? If yes, give details on a separate sheet of paper including what arrangements have been made, if any, to repay this debt. 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		
16. Do you have any outstanding education loans? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No If no, complete 16A thru 16E with zeroes.						
16A. Enter the total unpaid balance you owe on all your Guaranteed Student Loans. \$000000.00		16B. For your most recent GSL, enter the beginning and ending dates of the loan period. From Mo. Yr. 00/00 To Mo. Yr. 00/00		16C. Indicate the grade level of your most recent GSL. <input type="checkbox"/>		16D. Indicate the interest rate on your most recent GSL. <input type="checkbox"/> %
16E. Unpaid balance of your most recent GSL. \$000000.00						
17. References—You must provide 2 separate references with different addresses (please print).						
Parent/Guardian plus Adult Relative		Street, City, State, Zip		Area Code-Phone No.		Employer
BRADY BRAZIER		548 Rosemont Dr SARDANA, AL 36575		(205) 4036		RETIRED
ELOUISE SANDERS		1206 LAWER ST. DAYMINETTE, AL 36507		947-3394		US Postal SERVICE
18. Name and Address of Lender Who will Process this Loan First Southern Federal Savings and Loan						

Promissory Note for a Guaranteed Student Loan

I, Promise To Pay I, the undersigned student borrower identified in Section I, Item 2, (and any cosigner signing with the student borrower) promise to pay to you or your order when this note becomes due as set forth in Paragraph II, the sum of

TWO THOUSAND FIVE HUNDRED Dollars

19A. Requested Loan Amount—Must be the Same as Item 13

(\$2500.00) or such loan amount as is advanced to me and identified to me in the Notice of Loan Guarantee and Disclosure Statement, plus interest as set forth in Paragraph III, and any other charges which may become due as provided in Paragraph VI. If I fail to pay any of these amounts when they are due, I will pay all charges and other costs, including the fees of an outside attorney and court costs that are permitted by Federal law and regulations for the collection of this loan, which you incur in collecting this loan. (See Paragraphs II, III, VI on the other side.) My signature certifies that I have read, understood and agreed to the conditions and authorizations stated in the "Borrower Certification" printed on the reverse side.

I understand that this is a Promissory Note. I will not sign this Promissory Note before reading it including the writing on the reverse side, even if otherwise advised. As a student borrower, I am entitled to an exact copy of this Promissory Note, the Notice of Loan Guarantee and Disclosure Statement and any agreement I sign. By signing this Promissory Note I, the student borrower, acknowledge that I have received an exact copy hereof. I, the cosigner, have read and understand this Promissory Note and acknowledge that I may be responsible for payment in full of this obligation.

James E. Robinson 31 Apr 87
19B. Student Borrower Signature Date

19C. Cosigner (if any) Signature Date


Cosigner street address, city, state, zip

NOTICE TO STUDENT AND COSIGNER: Terms of the Promissory Note continue on the reverse side.

20. Name of School CARVER STATE TECHNICAL COLLEGE		22. Loan Period (Mo./Day/Yr.) From 03/87 To 10/87		23. Grade Level Code 1		24. Anticipated Completion Date Mo. 02 Yr. 90
21. Address 414 Stanton Street		City Mobile		25. School Code 005703		26. Area Code/Phone No. (205) 473-8692
State AL	Zip 36617	27A. Dependency Status 1 <input type="checkbox"/> Dependent 2 <input checked="" type="checkbox"/> Independent		27B. Adjusted Gross Income \$ 5,760		28. Estimated Total Cost of Education for Loan Period \$ 3,340
29A. Financial Aid for Loan Period \$ 413		29B. Expected Family Contribution \$ 1,355		30. Difference (Item 28 Less Items 29A and 29B) \$ 1,572		
32. My signature below certifies that I have read, and agreed to the "School Certification" on the reverse of the school copy.						
Signature of Authorized Financial Aid Administrator <u>Shadie J. Armstead</u>				Print or Type Name and Title Shadie J. Armstead, Dean of Students		Date 4/1/87

33. Name of Lending Institution First Southern Federal Savings and Loan		37. Loan Disbursement Date(s) Mo. Day Yr. #1 This application has been #2 electronically #3 transmitted		38. Loan Amount(s) \$	
34. Address P.O. Box 160924		39. Total Amount Lender Approves		39A. Maturity Date Mo. Yr. 11/88	
City Mobile	State AL	Zip 36616	39B. Lender Code 819319		39C. Total Fee \$
35. Area Code/Phone No. (800) 824-7044		36. Lender Code 819319		39C. Total Fee \$	
40. Signature of Authorized Lending Official				Print or Type Name and Title A. J. [Signature]	

Check issued 1st semester

 SOUTHERN FEDERAL SAVINGS AND LOAN ASSOCIATION - MOBILE, ALABAMA		STUDENT LOAN		22352	
		ACCOUNT NUMBER 15 07039072		DATE 06/21/12	
PAY SEVEN HUNDRED TWENTY-SEVEN DOLLARS & FIFTY-SEVEN CENTS *****					
TO THE ORDER OF		JAMES F. ROBINSON (424-44-5030) AND CARVER STATE TECH INSTITUTE			
		NON NEGOTIABLE			
FOR <u>HEAR STUDENT LOAN # 0002</u>					
⑈022352⑈ ⑈265184714⑈ 45⑈ 00506607⑈					

Check issued 1st semester

Pay to the order of

1st Sandhara
First National Bank of
Sandhara and Lake Union
BANKING SERVICES

Student Loan
Department

No. 01583

Pay ******* 100 DOLLARS AND 00 CENTS**

TO THE ORDER OF **UNIVERSITY OF MICHIGAN**
124-11-1000

Lewis P. Williams

Counter signature required
if in excess of \$1,000.00

NON-NEGOTIABLE
CUSTOMER COPY

For _____

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines or imprisonment under the United States Criminal Code and 20 USC 1097-015

SH N-000000-01.D

SECTION I — TO BE COMPLETED BY THE STUDENT — READ THE INSTRUCTIONS — TYPE OR PRINT IN INK

1A Social Security Number 424-44-5030	2A Last Name, First, M.I., Permanent Home Address ROBINSON, JAMES E. 520 HELVESTON ST. MOBILE, AL 36617	2B Correct Item 2A in this space Name Address City, State, Zip
3 Birthdate 5/31/38	4 Driver's License State AL No. 3103726	5 Area Code/Phone No. 205 479-3388
7 References — You must provide separate adult references with different addresses (carefully read instructions). Name See below Street, City, State, Zip SARALAND, AL Area Code/Phone No. 205-937-3394 Employer gpa		6 U.S. Citizenship Status (check one) Alien ID No. <input checked="" type="checkbox"/> 1 Citizen <input type="checkbox"/> 2 Non-Citizen
A BRADY FRAZIER 348 ROSEMARY DR 36205 205-675-6036 Retired		
B ELAISE SANDERS 1206 LOWER ST, BAYMINSTER AL 36507 U.S. Postal System		
C FREDERICK HALL 1958 W. PRICHARD LN, PRICHARD, AL 36610-4572319- STATE OF ALABAMA		
8 Intended Enrollment Status (check one) <input type="checkbox"/> 1 Full-time <input checked="" type="checkbox"/> 2 At least half-time	9 Major Course of Study 20	10 Requested Loan Amount 2625
11 Loan Period For this Loan From SEP 87 To AUG 88	12 Have you ever defaulted on an Education Loan? (check one) If yes, carefully read instructions. <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	13 Do you have any unpaid student loans? (check one) If yes, carefully read instructions. <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
13A Total unpaid balance of your most recent GSL. 1572.00	13B Interest rate on your most recent GSL. 8 %	13C Grade level of your most recent GSL. 1
13E Total unpaid balance of all your GSL/SLS/ALAS/PLUS Loans or any portion of these loans included in your Consolidation Loan. 1572.00	14 Name and Address of Previous Lender, if any. 1ST SOUTHERN 3054 SPRINGHILL AV, MOBILE, AL	

7. TELEPHONE #'S
A. 205.675.6036
B. 205.937-3394
C. 205.457.2319

Promissory Note for a Guaranteed Student Loan

COSIGNER SIGNATURE [Signature]	19A Signature of Student Borrower [Signature]
ADDRESS	Date 26 AUG 87

SECTION II — TO BE COMPLETED BY THE SCHOOL

20 Name and Address of School	21 School Code	22 Area Code/Phone No.	23A Grade Level Code	23B Correct Item 23A in this space
24A Anticipated Completion Date Mo. Yr.	24B Correct Item 24A in this space	25 Enrollment Period Covered by Loan Mo. Day Yr. Mo. Day Yr.		
26 Family Adjusted Gross Income .00	27 Estimated Cost of Attendance For Loan Period .00	28 Estimated Financial Aid for Loan Period .00	29A Expected Family Contribution .00	29B Difference (27 minus the sum of 28 plus 29) .00
31 Recommended Disbursement Date Mo. Day Yr. Mo. Day Yr.	29B Correct Item 29A in this space.			
32 I have read and understand the terms of the school certification printed on the back of the application.	Signature of Authorized Fin. Aid Director	Type or Print Name and Title	Date	

SECTION III — TO BE COMPLETED BY THE LENDER

34 Name and Address of lending Institution. LSC/ALTUS BANK. A FEDERAL SAVINGS BANK P. O. BOX 1411 MERRIFIELD, VA 22116	35 Loan Amount Approved .00	36 Interest Rate %	37 Fee
38 Lender Code 831081	39 Anticipated Disbursement Date(s) Mo. Day Yr. Mo. Day Yr. Mo. Day Yr.		
40 Signature of Authorized Lending Official Type or Print Name and Title Date	41 Area Code/Phone No. 800-343-0222	42 For Lender Use Only	

Copy of 2nd promissory note

\$7186

FIDELITY BANK

15CV0030

ATTEST: JAMES E. ROBINSON
TO: JAMES E. ROBINSON
JAMES E. ROBINSON
JAMES E. ROBINSON

PAID FOUR HUNDRED EIGHTY TWO AND 00/100 *****

ROBINSON, JAMES E.
JAMES E. ROBINSON
JAMES E. ROBINSON
JAMES E. ROBINSON

ROBINSON, JAMES E. ROBINSON, JAMES E. ROBINSON

4241450301062-1738
 REPAYMENT OBLIGATION
 POLY-SERVICING CENTER / VESTNIA
 P.O. BOX 1650
 HERRIFIELD VA 22116
 (703) 904-1260

JAMES B. ROBINSON
 520 MELVISTON ST
 MOBILE

AL 36617

01/16/89
 ACCOUNT# 424-40-5010-1

For value received, I promise to pay to the order of the ALTOS BANK the principal sum of \$1,053.00 (the "Lender") at the service's address printed above, the principal sum of \$1,053.00 in United States currency with daily simple interest thereon at the rate of 8.000% per annum in accordance with the repayment schedule set forth below. If I fail to pay any of these amounts when they are due, I will also pay all charges and other costs, including reasonable attorney fees, that are permitted by law and that are necessary for the collection of these amounts. I also agree to pay all amounts (including interest) outstanding on my student loan(s) which are unpaid as of the date the repayment period begins or resumes. This document incorporates the repayment obligation(s) under original Promissory Note(s) pertaining to the loans listed below. I understand that my obligation is subject to the terms and conditions of such Promissory Note(s), each of which is still in effect in accordance with its terms. The liability of any Endorser(s) on such Promissory Note(s) is not released.

LOANS TO WHICH THIS REPAYMENT OBLIGATION IS APPLICABLE

LOAN DATE	LOAN AMOUNT	GUARANTOR	LOAN DATE	LOAN AMOUNT	GUARANTOR
09/29/87	\$1,053.00	USAP			

I understand that installments of principal may be deferred if I qualify for one of the deferment conditions listed on the Statements of Rights and Responsibilities printed on the reverse side of this form. I must provide proper documentation to the Lender to support any deferment status. I further agree to observe applicable regulations relating to the loan(s) and to inform the Lender promptly in writing of any changes occurring in my home address or changes affecting my eligibility for a deferment. I also will inform the Lender promptly in writing of any change in the address of any Endorser(s) on my Promissory Note(s). All payments and other correspondence are to be sent to the servicer named above. I hereby authorize the Lender to obtain enrollment and address information from any of the schools in which I am accepted for enrollment, am enrolled or was enrolled. I understand that the acceptance by the Lender of any delinquent installment(s) shall not constitute a waiver of any of the rights of the Lender. Should there be a failure to make any installment payment hereunder when due, the unpaid balance shall become immediately due and payable at the option of the Lender. I understand that consolidation or refinancing options may be available for GELP and other educational loan programs. For further information, I should contact the servicer named above.

PREPAYMENT: If I pay off all or part of this obligation early, I will not have to pay a penalty. LATE CHARGE: If a payment is late by more than 10 days, I may be subject to a late charge of \$5.00 or 5% of the payment, whichever is less. INSURANCE: I may be charged an insurance premium during repayment. I should refer to my Promissory Note(s) for further information.

NO. OF PAYMENTS	AMOUNT OF PAYMENTS	DATE DUE MONTHLY	NO. OF PAYMENTS	AMOUNT OF PAYMENTS	DUE MONTHLY	AMOUNT TO BE PAID
04	20.24	03/17/89				1,053.00
						0.00
						1,053.00
						242.36
						1,295.36

DATE REPAYMENT PERIOD BEGINS OR RESUMES 03/01/89

All payments for the repayment period are due on the same day of the month as the initial payment. If a payment is not made as scheduled (e.g., if I am late in making a payment or if I am entitled to a deferment) or if, under applicable law, payments should have commenced on a date other than as listed in the repayment schedule, the lender will adjust the repayment schedule and I will be notified by law may capitalize unpaid accrued interest.

CAVEAT: The information disclosed above is based on the assumption that, as of the date the first payment is due under the repayment schedule, all payments due prior to such date will have been made as scheduled. The Lender will not collect or attempt to collect any portion of the interest due hereunder which is payable by the United States Secretary of Education. This repayment obligation will be interpreted according to Federal Law (20 USC 1071 to 1047-5) and Regulations (34 CFR 662 and 663), applicable state law and regulations governing the Guaranteed Student Loan Program and the terms of the Promissory Note(s) which I have signed.

SIGNATURE OF BORROWER

DATE

CITY

STATE

ZIP CODE

RETURN TO LSC

PERMANENT ADDRESS (if different from above)

Check here if this is a new address

BEST COPY AVAILABLE
 AT TIME OF IMAGING

UNITED STUDENT AID FUNDS

NOTICE OF LOAN GUARANTEE AND DISCLOSURE STATEMENT FOR A GUARANTEED STUDENT LOAN
LENDER USE ONLY:

Lending Institution Name and Address

ALYUS BANK/LSC/, A FEDERAL
SAVINGS BANK
PO BOX 1411
HERRIFIELD VA 22114

RESERVE 1.2

LOAN PERIOD

LENGTH OF GRACE

GRADUATION DATE

MATURITY DATE

344 N-000000

09/02/87 THRU 09/25/89

SIX FULL MONTHS

01/89

08/01/89

Lender Code 931081 Date Produced 09/25/87 Interest Rate 8.00 Date Guaranteed 09/24/87

School Name and Address

005703

Social Security Number

424-44-5030

Borrower Name and Address

CARVER STATE TECHNICAL COLLEGE
414 STANTON AVE
MOBILE AL 36617

JAMES E ROBINSON
520 HELVESTON STREET
MOBILE AL 36617

Late Charges Information: If any required installment payment has not reached the lender within 10 days after its due date, the lender may, if permitted by law, bill you for a late charge at the maximum rate permitted. If a payment is late, you may be charged 6.00 % of the payment.

Total Indebtedness

Total amount owed this lender including this loan is \$26,250.00. This amount includes only the GSL, SLG, PLUS and Consolidation loans currently held by this lending institution. It does not include any amounts you may owe through other lending institutions, nor does it include the amount you may owe through other loan programs. You may project your estimated monthly payments by looking up the repayment terms using the "Repayment Term Estimates" on the back of this form.

Disbursement Schedule	Estimated Disbursement Date	Loan Amount	Loan Guarantee Fee	Loan Origination Fee	Amount of Loan Check	Fee Paid Subsequent Fee
FIRST 0606	01/01/88	\$ 524.00	\$ 15.72	\$ 26.20	\$ 482.08	N/A
SECOND 0707	01/04/88	\$ 524.00	\$ 15.72	\$ 26.20	\$ 482.08	N/A
THIRD 0808	03/02/88	\$ 524.00	\$ 15.72	\$ 26.20	\$ 482.08	N/A
TOTAL		\$1,572.00	\$ 47.16	\$ 78.60	\$1,446.24	N/A

*** ELECTRONIC APPLICATION ***

IN ACCORDANCE WITH THE REQUIREMENTS OF FEDERAL LAW, THE ORIGINATION FEE FOR YOUR LOAN EQUALS 5.0% OF THE LOAN AMOUNT. BY CASHING YOUR STUDENT LOAN CHECK, YOU ARE AGREEING TO PAY THIS ORIGINATION FEE.

THE GUARANTEE FEE IS EQUAL TO 3.00 PERCENT ON THE LOAN AMOUNT OR \$ 60.00, WHICHEVER IS LESS.

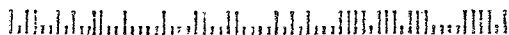
IF YOU NEED ADDITIONAL FINANCIAL AID, YOU OR YOUR PARENTS MAY BE ELIGIBLE UNDER USA FUNDS' PLUS (PARENT) LOAN PROGRAM. FOR AN APPLICATION KIT CALL 800-LOAN-USA (NATIONWIDE).

199901604



Department of the Treasury
Internal Revenue Service
MEMPHIS, TN 37501

Date of this notice: APR. 11, 1994
Taxpayer Identifying Number: 424-44-5030
Form: 1040A Tax Period: DEC. 31, 1993



JAMES E ROBINSON
824 PRICHARD LN
PRICHARD AL 36610-4310240

FOR ASSISTANCE FROM THE AGENCY THAT
REFERRED YOUR DEBT TO US, YOU MAY
WRITE TO:

U.S. DEPARTMENT OF EDUCATION
C/O SUPERIOR CREDIT SERVICE, INC.
2506 WILLOWBROOK PKWY, RM 299
P.O. BOX 55378
INDIANAPOLIS, IN 46205

OR CALL:

(800) 828-9286 LOCAL
(800) 828-9286 INSTATE IN
(800) 828-9286 NATIONWIDE

(IRS NUMBERS ARE LISTED BELOW)

OVERPAID TAX APPLIED TO PAST-DUE OBLIGATION

DE UP

WE HAVE APPLIED ALL OR PART OF YOUR REFUND TO FULLY OR PARTIALLY SATISFY A PAST-DUE OBLIGATION REFERRED TO US BY ANOTHER GOVERNMENT AGENCY. THIS ACTION IS REQUIRED BY SECTION 6402(C) OR (D) OF THE INTERNAL REVENUE CODE. FOR QUESTIONS ABOUT THE OBLIGATION, OR IF YOU BELIEVE THE AMOUNT IS IN ERROR, CONTACT THE AGENCY AT THE ADDRESS OR TELEPHONE NUMBER SHOWN IN THE UPPER RIGHT CORNER OF THIS NOTICE.

OBLIGOR'S SSN: 424-44-5030

TAX STATEMENT

REFUND ON INCOME TAX RETURN:.....
AMOUNT OF REFUND APPLIED TO THE AGENCY DEBT:..

\$1,444.00
\$1,444.00

AMOUNT TO BE APPLIED TO OTHER OBLIGATIONS,
REFUNDED, OR APPLIED TO YOUR ESTIMATED TAX:..
(IF THERE IS AN AMOUNT TO BE REFUNDED BY
IRS, INTEREST DUE YOU WILL BE ADDED.)

\$.00

FOR REFUND INFORMATION CALL:
1-800-829-1040 ST. OF AL



FSA
FEDERAL
STUDENT AID

We Help Put America Through School

T006805

October 4, 2006

Mr. James Robinson
1206 Lower Street
Bay Minette, AL 36507-2758

Hearing Decision
Federal Family Education Loans
Debt No(s): G199609017535301
G199609017535402
G199609017535503
G199609017535604
Account No.: 424-44-5030

Dear Mr. Robinson:

This is in response to your recent request for a hearing on your objection to offset your federal payments for a debt held by the U.S. Department of Education, Federal Student Aid.

Your objection(s) to offset:

- You state that you have repaid all or a portion of this debt.
- You believe you should not be held responsible for repaying the full amount of this debt because the school you attended should have issued a refund but failed to do so.

Evidence considered:

We reviewed the documents you provided and information in the Department's electronic records regarding your account.

We regret that you are dissatisfied with our previous responses; however, our position has not changed. Our records indicate that your loans were signed, approved, disbursed, and refunded as follows:

Amount Stated on Promissory Note (\$)	Amount Approved (\$)	Amount Disbursed (\$)	Amount Refunded by School (\$)	Amount Due (\$)
\$2,625.00	\$1,572.00	\$1,572.00	\$524.00	\$1,048.00
\$2,500.00	\$1,572.00	\$1,572.00	\$0.00	\$1,572.00

USAGroup Guarantee Services™

Strategic solutions for education™

June 19, 1996

James E. Robinson
1206 Lower St.
Bayminette, AL 36507

RE:424-44-5030

Dear Mr. Robinson:

This letter is in response to your recent correspondence dated May 2, 1996. USA Services, Inc., welcomes the opportunity to be of assistance.

According to our records it has been determined that you obtained two educational loans guaranteed under the Federal Family Education Loan Program, formerly known as the Guaranteed Student Loan Program (GSLP), which were disbursed as follows.

Disbursement Dates

12/23/87

9/29/87

4/28/87

5/29/87

Disbursement Amounts

\$524.00

524.00

524.00

524.00

Please be advised that the loans you obtained totaled \$2625.00. However, your loans were disbursed with the interest capitalized and placed at the end of the loan in the amount of \$943.10 with interest accruing daily. Therefore, you are responsible for the balance of the loan disbursed.

Enclosed you will find a Statement of Purchased Account which will reflect all payments and how they were applied.

Post Claim Assistance Unit
USA Group Services Inc.

Enclosure

VI/js/x

Mailing Address:
P.O. Box 6180, Indianapolis, IN 46206-6180
317 849-6510 800 428-9250

Corporate Address:
11100 USA Parkway, Fishers, IN 46038-9213

USA Group Guarantee Services, Inc.
a USA Group company



U.S. DEPARTMENT OF EDUCATION
OFFICE OF POSTSECONDARY EDUCATION
50 UNITED NATIONS PLAZA - REGION IX
SAN FRANCISCO, CA 94102-4987

SAN FRANCISCO SERVICE CENTER

February 7, 2003

James Robinson
1206 Lower Street
Bay Minette, AL 36507

RE: Unpaid Tuition Refund
G199609017535301
G199609017535402
G199609017535503
G199609017535604

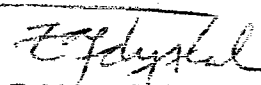
Dear Mr. Robinson:

This letter acknowledges receipt of your application for discharge of all or part of the Federal Family Education Loan(s) (FFEL), which you obtained to attend CARVER STATE TECH TRADE SCHOOL. You believe the school failed to pay a refund of unused tuition, which should have been applied to your loan account. After a thorough review of the loan records, we have denied your request for loan discharge for the following reason(s):

Records indicate that you graduated 8-31-88. Therefore, you are not entitled to any unpaid tuition refund.

This decision applies only to the FFEL held by ED, listed above, which was obtained to attend CARVER STATE TECH TRADE SCHOOL. The Department has made no determination regarding loans, which may be held by guaranty agencies, servicers, lenders, or educational institutions. If you believe that you may be eligible for discharge of other loans, you should contact the holder of those loans.

Sincerely,


Zaldy A. Ralleta
Loan Analyst

June 4, 2003

James Robinson
1206 Lower Street
Bay Minette, AL 36507

RE: Unpaid Tuition Refund
Discharge Denial

Dear Mr. Robinson:

This letter acknowledges receipt of your letter dated February 18, 2003, including a copy of the Loan Application/Promissory Note and a Student Registration and Admit Form from Carver State Technical College, disputing the denial of your loan discharge application due to unpaid tuition refund.

The Application/Promissory Note clearly indicates that the loan period covered was from 3-9-87 to 8-27-87. The school documentation certifies that your separation date was 5-2-88. Your school attendance exceeded the loan period, therefore you are not entitled to any unpaid tuition refund.

If you disagree with this decision you should contact the school and resolve the matter with them.

Sincerely,

Zaldy A. Ralleta
Loan Analyst

DO NOT SEND CASH
MAKE CHECKS PAYABLE TO
U.S. DEPARTMENT OF EDUCATION
SHOW YOUR SOCIAL SECURITY NUMBER
ON YOUR CHECK

ACCOUNT NO.	PRINCIPAL BAL.	INTEREST
4244050301	2221.07	\$ 2850.01
PENALTY CHARGES	FEES & COSTS	TOTAL BALANCE
\$ 1306.08	\$ 5.00	\$ 6,677.06
AMOUNT PAID:		

RETURN THIS PORTION WITH YOUR PAYMENT

NOTE NAME/ADDRESS/PHONE NO. CHANGES ON BACK

SEND PAYMENT TO:

Personal & Confidential

0425-3475



JAMES E ROBINSON

1206 LOWER ST

BAY MINETTE AL 36507-2758



NATIONAL PAYMENT CENTER

US DEPARTMENT OF EDUCATION

P.O. BOX 105028

ATLANTA, GA 30348-5028

4 324244450301 0000004950 00000587

4 324244450301 0007282010 06677062

DATE: July 23, 2010

This notice regarding your account with the U.S. Department of Education (ED) is from NCO Financial Systems, Inc. The U.S. Department of Education has placed your account with this agency for collection.

It appears that you are unable to pay the full balance of your debt to the creditor at this time. You may be eligible to apply for several programs, based on your financial situation and ability to pay. Some of these programs are listed below:

- COMPROMISE OFFER
- LOAN REHABILITATION
- LOAN CONSOLIDATION

Many of these programs can reinstate your Title IV eligibility, if you are approved; however, it is important that you respond so we may assist you in finding the right program. Please call the number provided below to speak to a representative about this situation:

NCO Financial Systems, Inc. 877-898-5004

Or you may write us at:

NCO FINANCIAL SYSTEMS, INC.
PO BOX 4929
TRENTON, NJ 08650-4929

Do not send payments to this address. All payments are to go to the U.S. DEPARTMENT OF EDUCATION, NATIONAL PAYMENT CENTER, P.O. BOX 105028, ATLANTA, GA 30348-5028. Be sure to include your Social Security Number on the face of the check or money order you send. Our office hours are Monday through Thursday 8am to 9pm, Friday 8am to 5pm, Saturday 8am to 12 noon. Calls to or from NCO Financial Systems, Inc. may be monitored or recorded for quality assurance.

This is an attempt to collect a debt. Any information obtained will be used for that purpose. This is a communication from a debt collector.

You may also make payment by credit card. Your registration code is 18.3138902.24889921.986.

Your account balance may be periodically increased due to the addition of accrued interest or other charges as provided in your agreement with the original creditor or as otherwise provided by federal law.

NCO FINANCIAL SYSTEMS, INC.
507 Prudential Road
Horsham, PA 19044

NCOP 401
3475



DO NOT SEND CASH
MAKE CHECKS PAYABLE TO:
U.S. DEPARTMENT OF EDUCATION
SHOW YOUR SOCIAL SECURITY NUMBER
ON YOUR CHECK

ACCOUNT NO.	PRINCIPAL BAL.	INTEREST
S424-44-5030		
PENALTY CHARGES	FEES & COSTS	TOTAL BALANCE
AMOUNT PAID:		

RETURN THIS PORTION WITH YOUR PAYMENT

NOTE NAME/ADDRESS/PHONE NO. CHANGES ON BACK



#BWNFDMC **AUTO
#42 5030N18 S44424 1#
JAMES E ROBINSON
1206 LOWER ST
BAY MINETTE AL 36507-2758

SEND PAYMENT TO:

NATIONAL PAYMENT CENTER
US DEPARTMENT OF EDUCATION
PO BOX 4169
GREENVILLE TX 75403-4169



9 324244450301 0000002518 00000569

9 324244450301 0008272007 05934393

KEEP THIS PORTION FOR YOUR RECORDS

U.S. DEPARTMENT OF EDUCATION

DATE: AUGUST 27, 2007

DEBT STATEMENT

THE U.S. DEPARTMENT OF EDUCATION (ED) HOLDS THE FOLLOWING DEFAULTED STUDENT LOAN(S) OR GRANT CLAIM(S) WHICH IT INTENDS TO COLLECT BY TREASURY OFFSET AGAINST ANY FEDERAL REFUND AND OTHER FEDERAL AND/OR STATE PAYMENTS YOU MAY BE ENTITLED TO RECEIVE IN THE FUTURE. PLEASE READ THE ENCLOSED NOTICE OF PROPOSED OFFSET FOR AN EXPLANATION OF YOUR RIGHTS AND THE MANNER IN WHICH YOU MUST EXERCISE THEM TO AVOID OFFSET. ED MAY HAVE ALREADY REFERRED FOR OFFSET SOME OF THE DEBTS LISTED ON THIS STATEMENT, AS EXPLAINED IN PRIOR NOTICES. ANY IN-PERSON HEARING WILL BE HELD IN SAN FRANCISCO (SEE ENCLOSED NOTICE).

ED RECORDS SHOW THE FOLLOWING INFORMATION ON THESE DEBTS. SEE THE ENCLOSED NOTICE FOR INSTRUCTIONS ON HOW TO REQUEST ADDITIONAL INFORMATION ED RECORDS MAY CONTAIN INDIVIDUAL DEBT INFORMATION IS LISTED BELOW AND/OR ON THE FOLLOWING PAGE.

AMOUNT REPAID TO LENDER/SCHOOL/GUARANTY AGENCY: \$1,466.01
DATE EARLIEST DEBT TRANSFERRED TO ED: 02/23/90
PAYMENTS TO ED (MAY INCLUDE FEES PAID BY DEBTOR AND PAYMENTS ON OTHER DEBTS): \$185.34
CURRENT PRINCIPAL: \$2,515.97 CURRENT ACCRUED INTEREST: \$2,264.91
PRINCIPAL AND INTEREST ON DEBTS ELIGIBLE FOR OFFSET, BY DATE OF DEBT STATEMENT: \$4,780.88

ED WILL INCLUDE IN THE AMOUNT TO BE COLLECTED BY OFFSET INTEREST THAT ACCRUES ON THIS DEBT AS WELL AS ANY AMOUNT THAT IS REFUNDED AFTER THE DATE OF THIS NOTICE.

SEND ANY REQUESTS FOR: DOCUMENTS, A REVIEW OF OBJECTIONS, OR A HEARING, IN WRITING TO:

U.S. DEPARTMENT OF EDUCATION
FEDERAL OFFSET UNIT
P.O. BOX 5227
GREENVILLE, TX 75403